

9023 SNOW RIDGE LN

14111140

1/3/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

BK: 08252 PG: 0733/0735 #:0340 13.05
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 08/15/95 15:09

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

ACKNOWLEDGEMENT OF REQUEST BY OWNER FOR RECLASSIFICATION OF SITE FROM *"UNSUITABLE" TO "PROVISIONALLY SUITABLE"* UNDER 15A NCAC 18A .1948 AND ANY OF THE FOLLOWING RULES: .1956; .1957(a); .1957(b); or .1957(c)

FILE # 3535B
PARCEL # 141-111-98

The undersigned, Paul Ervin Const., owner of property located at 9023 Snow Ridge Ln., (the "site") and described in an instrument recorded in Book 5356 at Page 135, Mecklenburg Public Registry, hereby acknowledges that the undersigned applied to the Mecklenburg County Health Department (the "Department") for a permit to install a septic tank sewage disposal system on the site; that the Department evaluated the site for suitability for such a system in accordance with the regulations promulgated by the North Carolina Commission for Health Services as 15A NCAC 18A .1900 et seq.; that the Department originally classified the site as "unsuitable" pursuant to the standards set forth in the regulations; that the undersigned requested that the Department reclassify the site as "provisionally suitable" in light of the particular septic tank system proposed by the undersigned; that the Department considered various studies, data, and other information which indicate to the Department that the septic tank system proposed by the undersigned is allowed by the rules; and that the Department therefore reclassified the site as "provisionally suitable" and issued an appropriate permit for such proposed septic tank system.

The undersigned further acknowledges that the proper design, construction, operation and maintenance of such septic tank system is his responsibility and that neither the Department nor its officials, employees, or agents warrant or guarantee that the said system installed pursuant to the permit issued by the Department will function in a satisfactory manner for any given period of time or that the Department, its officials, employees or agents assume any liability for any damages of any kind which are caused, or which may be caused, by a malfunction of such system.

The undersigned further acknowledges that the following conditions will apply to the site:

- Any changes on the property may make the Improvement Permit Null and void and may make the Improvement Permit subject to revocation.

This instrument was prepared by: Wilson and Eaton
Mail after recording to: 4444 DARVENTRY COURT Charlotte NC 28226

RBCWM:2662_1/3-14-94

- Do not grade, cut, fill, pave, construct a building or deck, dig a well, install a swimming pool or otherwise cover or disturb the soil (except for planting and maintaining grass or other ground covers) in a manner which will adversely affect the repair area or area where the septic tank system is located.

- When a private certified operator is required, no improvement permit for the designated repair shall be issued unless there is a private certified operator to carry out this management program in the service area where the proposed system is to be located. (Refer to Rule .1961, "Maintenance of Sewage Systems," for further information.)

- Additional fees will be required according to the Mecklenburg County user fee schedule applicable at the time for the issuance of a repair permit for any subsequent repairs to the sewage treatment and disposal system or for installation of a replacement system.

- At the time repairs to the sewage treatment and disposal system are to be made or a replacement system installed, the regulations in effect at that time will govern the repairs or installation of a replacement system.

The undersigned further agrees for himself, his heirs and assigns that he shall indemnify and hold harmless the Department, its employees, and officials, as well as Mecklenburg County and its employees and officials, for any damages or other claims of any person or persons whatsoever arising out of the installation, operation, or failure of said septic tank system.

The undersigned further agrees for his heirs and assigns that, in the event any septic tank system installed under authority of the aforesaid permit fails to perform adequately in any respect, he will take whatever measures are required to correct same; or if such is impossible he will discontinue use of said system immediately.

Use of the singular masculine pronoun forms herein shall be deemed to also include the plural and feminine forms as the context may require.

This document shall be placed on the public records of the Register of Deeds of Mecklenburg County and indexed therein under the Grantor Index in the name or names of the undersigned, and the foregoing acknowledgements shall henceforth be binding on all persons claiming any right, title, or interest in the site.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, this _____ day of _____, 199__.

Paul Ervin Const.
(Corporate Name)

By: _____
President

ATTEST: _____
Secretary

(Corporate Seal)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

STATE OF NORTH CAROLINA
COUNTY OF Mecklenburg

I, Diane C Harding, a Notary Public for said County and State, do hereby certify that Paul Ervin personally appeared before me this date and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and notarial seal, this 15th day of August, 1995.

Diane C. Harding
Notary Public

My Commission Expires:
My Commission Expires March 12, 1997

RBCWM:2662_1/3-14-94

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3535 B DATE: 3-15-96

TC: 141-111-40 L

SERIAL Nº 16636

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 4-6-95. All work shall be completed on or before 4-15-96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

* Install according to approved plans by Tim Whittaker

INNS93-2 System

PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth 24"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous Yes

Total Line Length 300 feet

Number of Lines 4

Depth of Stone N/A inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well 100 feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Paul M. Ervin

LOCATION OF PROPERTY 9023 Snow Ridge Lane

Comments: INNS 93-2 for 3 bedroom Residance

Type III a

(4) 3'w x 95'l x 24" deep

Larry B. Thompson J. R.S.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

Mecklenburg County
Health Department

August 14, 1995

Mr. Paul Ervin
4444 Darventry Court
Charlotte, NC 28226

Re: Lot 40 Snow Ridge Lane
File: 3535B
Parcel: 141-111-40

Dear Mr. Ervin:

Receipt of your plans for an innovative disposal system for the above referenced property is acknowledged.

The plans as submitted are approved with the following comments:

-Water saving plumbing devices and low flush toilets should be installed when constructing the residence.

-Landscaping of original system area and the repair area is prohibited. No grading, shaping, or altering in any way.

-The well should be located 100 feet, but in no case less than 50 feet from the sewage system and repair area.

Upon execution and recording of the enclosed "Septic Tank Agreement Form" an improvement permit can be issued by this Department.

If you have any questions concerning this matter, please contact me at 336-5575.

Sincerely,

Kelly Randall, R.S.
Individual Water and Wastewater Systems

Enclosure

Mecklenburg County
Health Department

May 9, 1995

Paul Ervin
4444 Daventry Court
Charlotte, NC 28226

Re: Lot 40, Snow Ridge Lane
File: 3535B
Parcel: 141-111-40

Dear Mr. Ervin:

Receipt of the plans and specifications for a conventional system of sewage disposal for the above property is hereby acknowledged. Upon receipt of the information, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15 NCAC 18A, .2900, "Laws and Rules for Sanitary Sewage Collection, Treatment and Disposal". Our comments are listed below:

.1945 AVAILABLE SPACE
(a) Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the application rate determined in accordance with these Rules.
(b) Sites shall have sufficient available space for a repair area equal to the area determined in Rule .1945 (a) of this Section.

For these reasons, the plans as submitted are disapproved: However, state regulations provide that sites originally classified unsuitable may be utilized for the installation of alternate or modified sewage disposal systems provided the requirements of 15 NCAC 18A .1948 (c) are met.

Should you desire to file for permission to install an alternate or modified sewage treatment system on the property, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. They will be reviewed, and if it is determined that the proposed system may reasonably be expected to function satisfactorily, an Improvement Permit will be issued by the Department upon completion by you, of a formal request for lot reclassification.

If I may be of any assistance, please feel free to contact me at 336-5572.

Sincerely,

Toni Higgins-Bunney, R.S.

Toni Higgins-Bunney, R.S.
Individual Water and Wastewater Systems

TB:gf

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028546

File: 3535B

Action 2

Parcel: 141-111-40

☐ PC

Location:

Subdivision:

Lot: Block: Acres: .55

Owner:
Address:

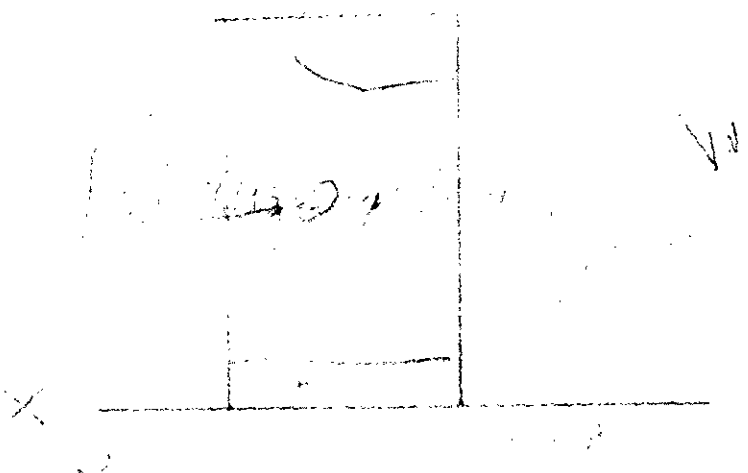
Comments:

Described by:

Date:

***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.



FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028546

File: 35350 Action 2

Parcel: 141-111-40 ☐ PC

Location:

Subdivision:

Lot: Block: Acres:

Owner:
Address:

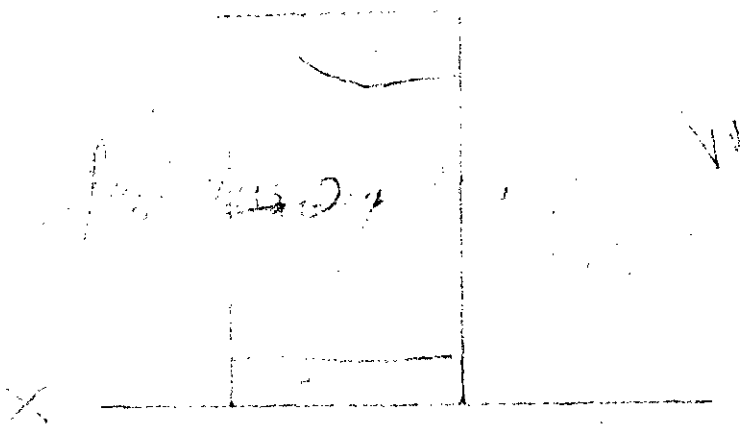
Comments:

Described by:

Date:

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FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series						
Area Classification	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER JAMES A. & DEBBIE TOTH

MAILING ADDRESS 9023 SNOW RIDGE LANE

OCCUPANT _____

LOCATION CHARLOTTE, NC 28208

[X] RESIDENCE [ ] BUSINESS [ ] OTHER _____

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 704/336-5572.

[X] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

[ ] Other Repairs *(specify)* _____

[ ] Eliminate wastewater discharge and connect to an approved wastewater system.

[ ] Perform Maintenance *(specify)* _____

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by MARCH 20, 1997, appropriate legal action will be taken.

Notice Issued February 20,1997 (Date) Signed Toni Higgins Bunney, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

$400

ECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 028546

File: 35358 Action 2

Parcel: 141-111-40 ☐ PC

Location: Green Ridge Farm

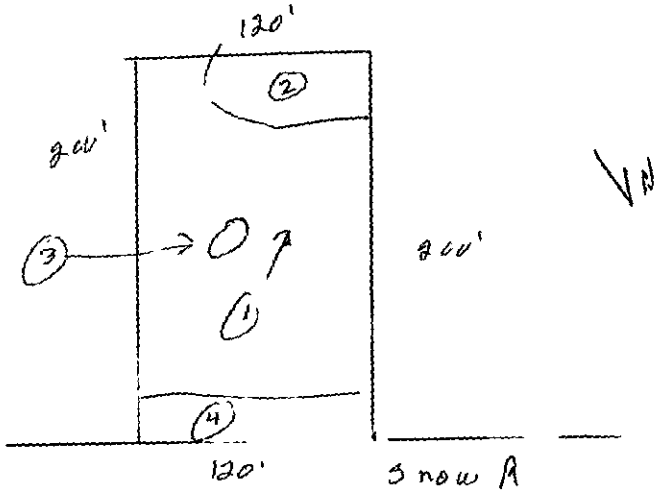
Subdivision:

Lot: Block: Acres: .55

Owner: Paul Ervin
Address: 4444 Derrenty Ct.
Charlotte, N.C. 28226

Comments: 100% Repair
3 gall/ft/day LTAR

Described by: William A. Marks
Date: 5-2-95



*** EVALUATION KEY ***
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-10%	S PS (U) Complex Slopes	S PS (U) Depression	(S) PS U 2-10%	S PS U	S PS U
Texture	S (PS) U Slightly Exp sandy clay	S PS U —	S PS U	S (PS) U slightly Exp sandy clay	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U —	S PS U —	S (PS) U Blocky	S PS U	S PS U
Drainage	(S) PS U 7-49" To Soil Wetness	S PS U —	S PS U —	S (PS) U 7-36" To Soil Wetness	S PS U	S PS U
Depth	(S) PS U 7-48"	S PS U —	S PS U —	S PS (U) 20"	S PS U	S PS U
Restrictive Horizons	(S) PS U 7-48"	S PS U —	S PS U —	S (PS) U 7-36"	S PS U	S PS U
Available Space	S PS (U) Restricted	S PS U	S PS U	S PS (U) Restricted	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Group/Series	IV Cecil-Lilo	Complex Slopes	Depression	Cut		
Classification	S PS (U)	S PS (U)	S PS (U)	S PS (U)	S PS U	S PS U

NOT

DATE 8-2-95

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

141-111-98 P6
PARCEL NUMBER

9023
~~9019 BM~~ SNOW Ridge LN
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Lot #40
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	APPROVED	NOT APPROVED
2. FLOODWAY REGULATIONS	APPROVED	NOT APPROVED
3. WATERSHED PROTECTION	APPROVED	NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	APPROVED	NOT APPROVED
5. PUBLIC UTILITY EASEMENT	PRESENT	NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	YES	NO
7. DRIVEWAY PERMIT REQUIRED	YES	NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: S.F. HOME.

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

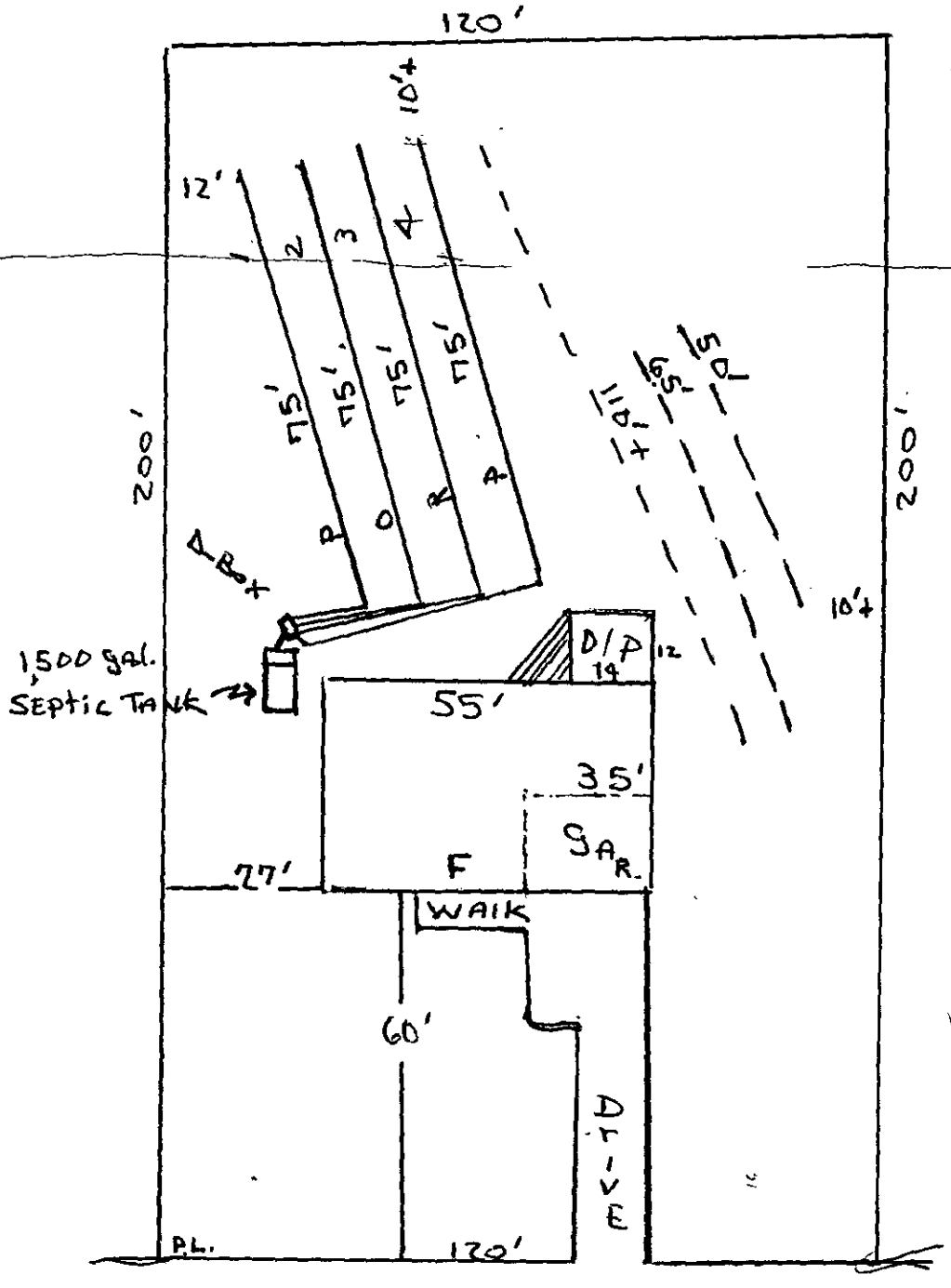
☒ NEW ADDRESS

SIGNED: B. McGinnis

REVISED 1/91

(3) Bedrm. Gravity Infiltrator
Gravity Panel Repair

MCHD
File: 3535-B
TC: 141-111-40
Lot 40



Primary
* 1500 gal. Septic Tank
(1) D-Box
(4) 75' Infiltrator Lines. 300'
(12) units per Line
(48) units Total

Repair
225'+ Panel

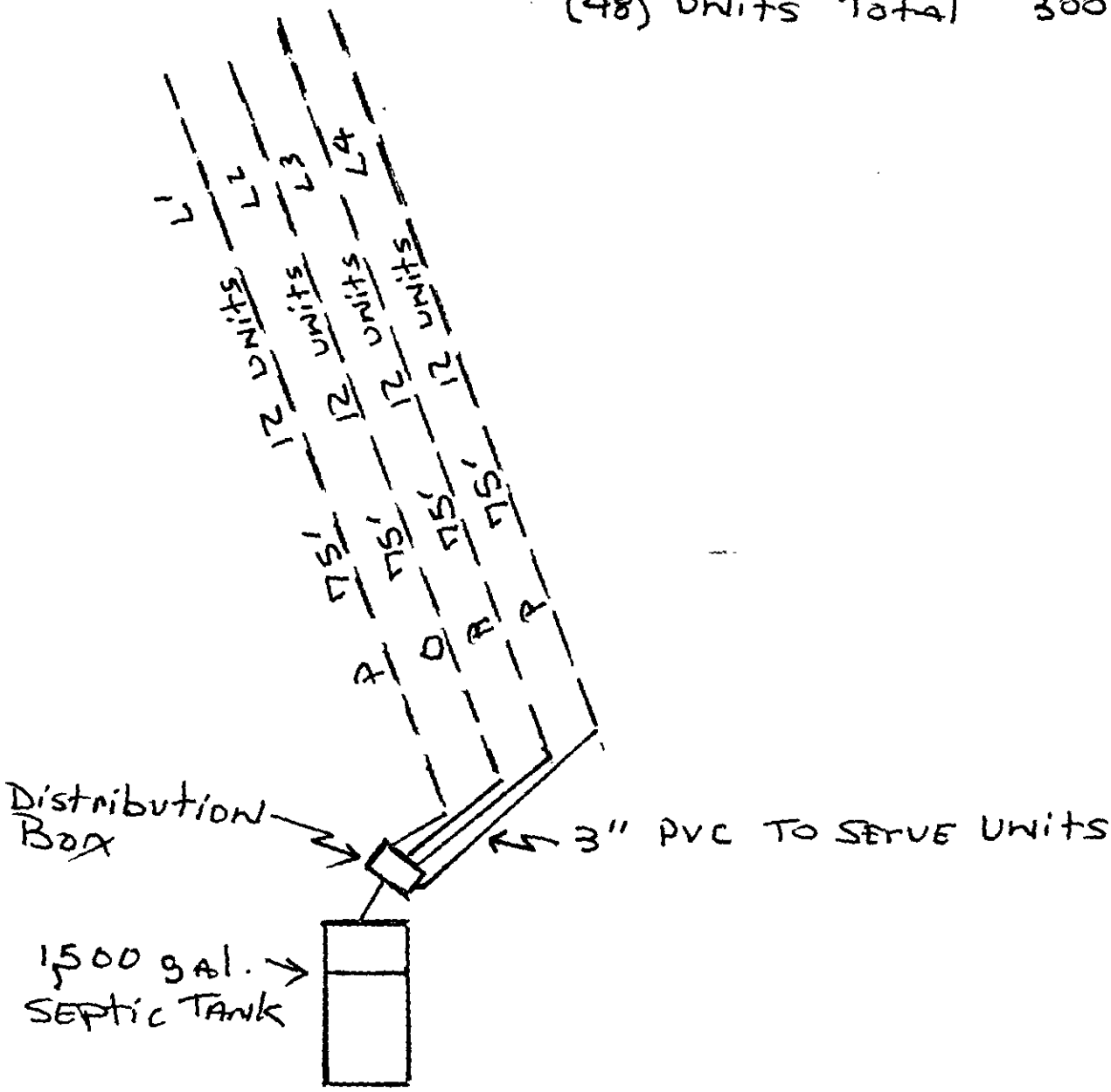
T. Whittaker
Scale 20

MCHD

File: 3535-B
TC: 141-111-40
Lot 40

SPEC: (3) Bedrm. Gravity Infiltrator

(1) 1,500 gal. Septic Tank
(1) D-Box
(4) 75' LINES
(12) Units per LINE
(48) Units Total 300'



NO SCALE

THE INFILTRATOR™

SEPTIC SYSTEM INSTALLATION INSTRUCTIONS

1 Excavate and level 3' wide trenches.

2 Prepare trench bottom and sides in accordance with state and local regulations. (Infiltrator Systems recommends raking sidewall and bottom infiltrative surfaces to eliminate smearing.)

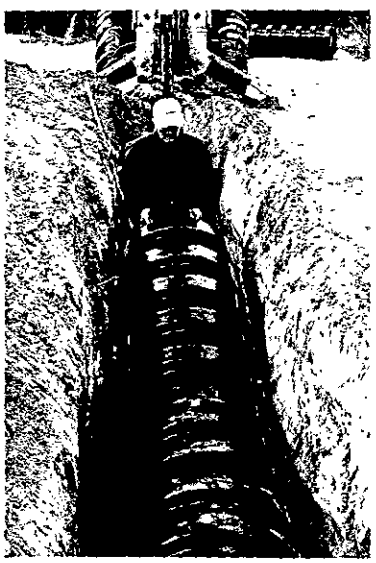
3 Screw splash plate on bottom of open end plate.

4 Screw open end plate into inlet end (without interlocks) of first INFILTRATOR™ chamber with splash plate extending into unit.



5 Place first unit in the inlet end of trench with interlocks downstream.

6 Run distribution pipe through inlet opening in end plate but not beyond splash plate. Single screw may be used to hold in place. **Pipe does not normally run the length of system.**



7 Connect INFILTRATOR™ units together, fully engaging interlocks to form desired trench length.

a. The joints may be screwed together for ease in construction.

b. Trench grade should be checked with a level or surveying equipment.

8 Screw closed end plate in downstream end of last unit to hold in place. **NOTE:** For serial distribution, or to loop the trenches together, use an open end plate at the downstream end of the trench, and run a pipe from the opening to the next trench.

9 Fill side wall area to top of slots with native soil. "Walk" fill into place to give proper support of sides. **THIS IS VERY IMPORTANT TO ACHIEVE FULL STRENGTH.**



10 Backfill to a minimum of 12" of cover after compaction and settling for H-10 units and 18" for H-20 units. Avoid large rocks in the backfill material. **CAUTION:** Avoid vehicle traffic on system during construction since soil has not settled. This is particularly important in sand, since loose sand offers very little structural support. Most states advise avoiding vehicle traffic to prevent compaction of the infiltrative surface. (After proper depth of cover is compacted and settled, INFILTRATOR™ leaching chambers will then support vehicle weight not to exceed 16,000 lbs. per axle for H-10 units and 32,000 lbs. per axle for H-20 units.)



INFILTRATOR™ is a trademark of Infiltrator Systems, Inc.

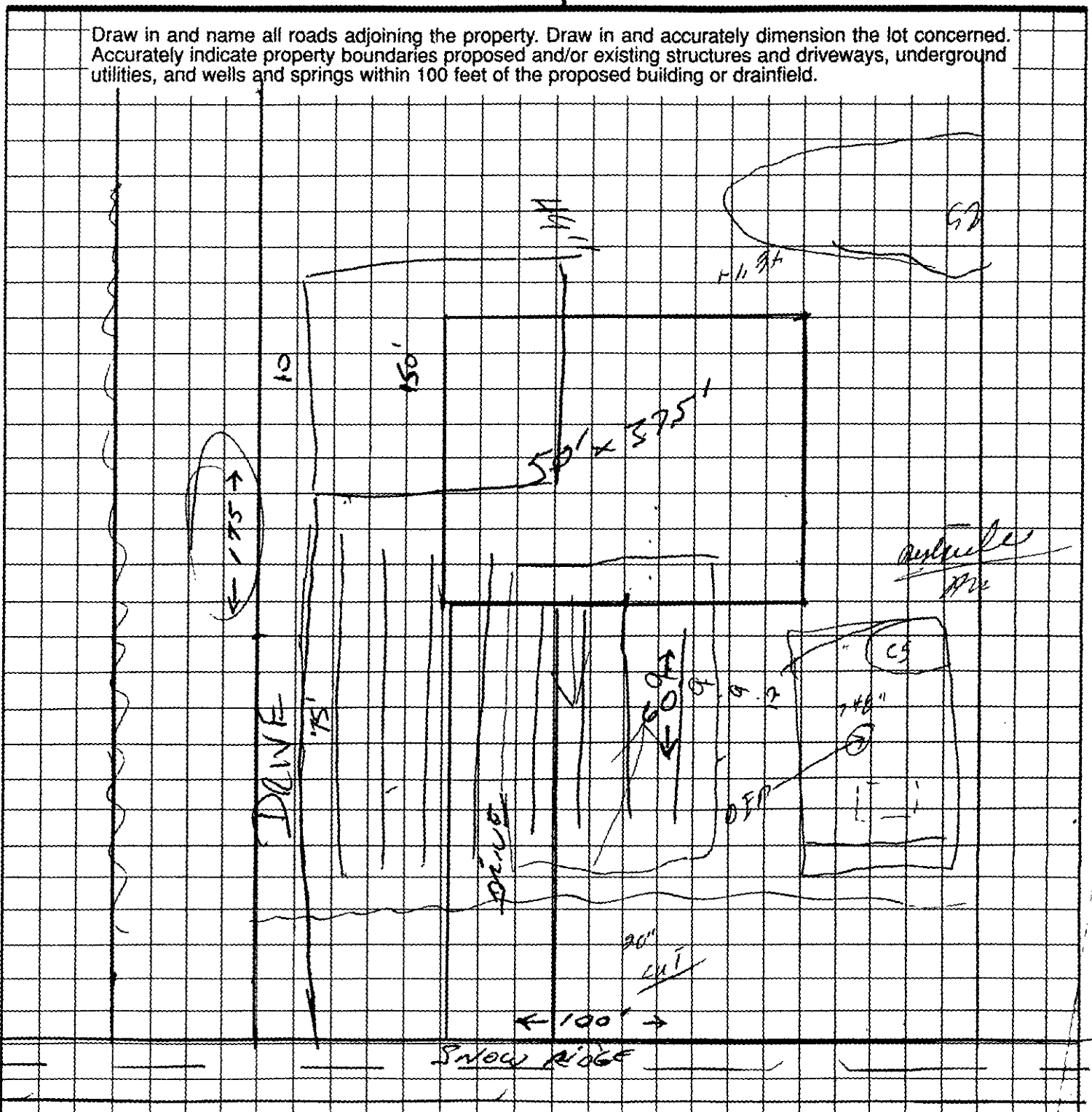
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 35355B

TC: 141-111-40

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

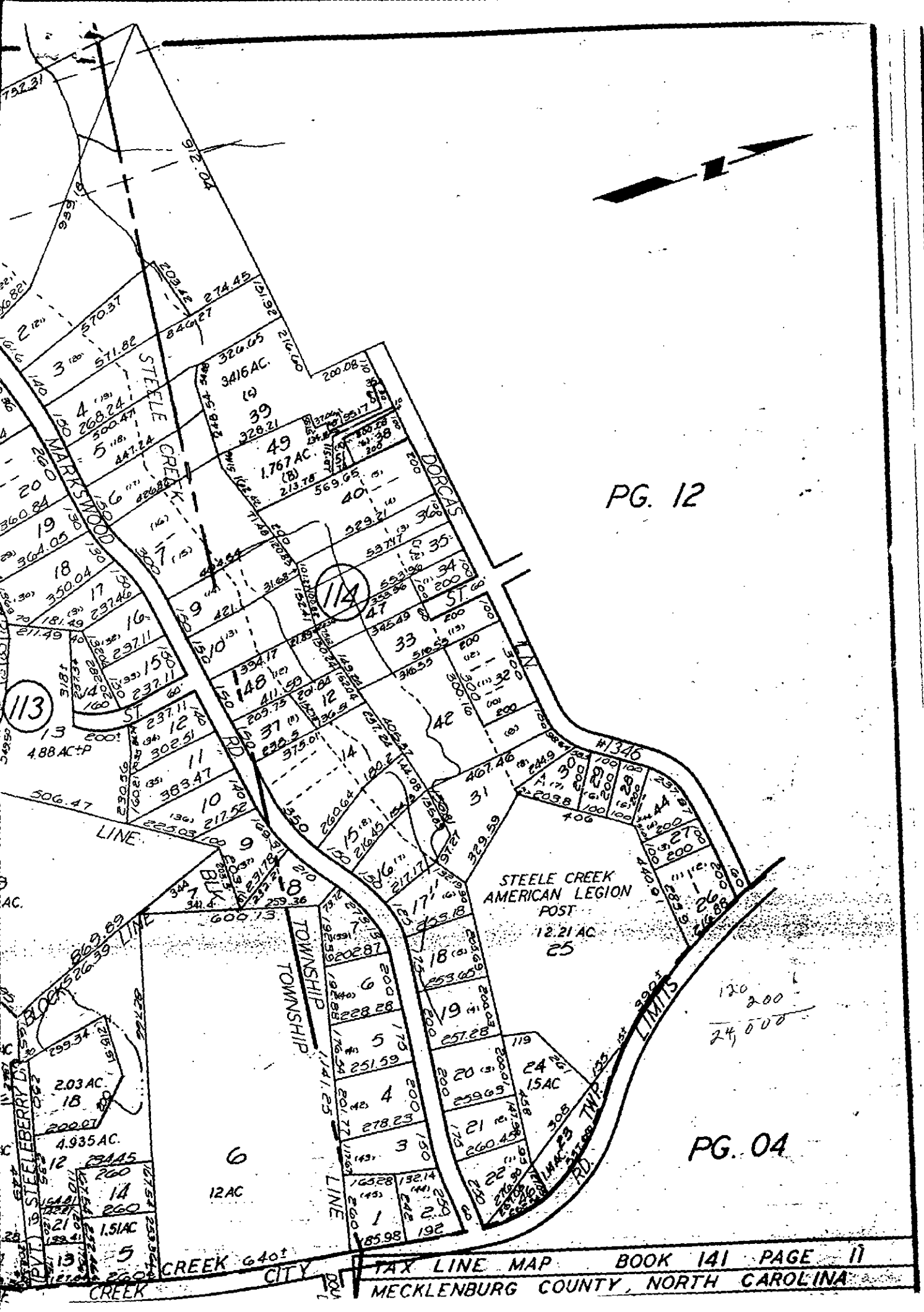


OWNER/AGENT SIGNATURE

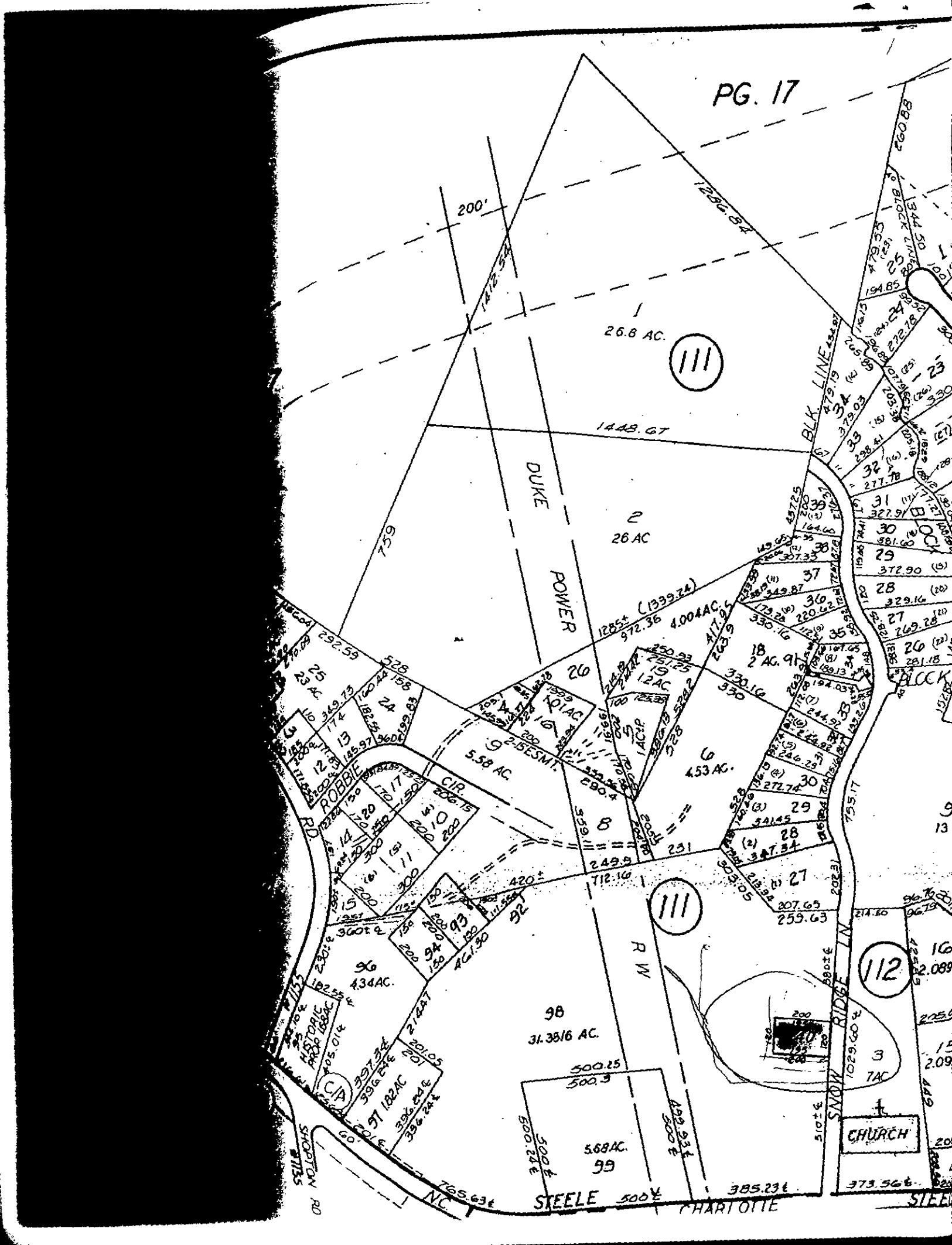
DATE

APPROVAL DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy


PG. 12
PG. 04
STEELE CREEK AMERICAN LEGION POST
12.21 AC
25
STEELE CREEK
MARKSWOOD
DORCAS
TOWNSHIP
LINE
CITY LIMITS
TAX LINE MAP BOOK 141 PAGE 11
MECKLENBURG COUNTY, NORTH CAROLINA

143


PG. 17
111
1
26.8 AC.
2
26 AC
DUKE POWER
759
1412.54
1296.84
1448.67
200'
BLK. LINE 434.87
479.19
379.03
238.41
277.78
327.9
581.60
372.90
329.16
269.28
281.18
BLOCK
1344.50
460.88
479.53
194.85
272.78
205.38
292.59
528
25
23 AC.
349.73
174
13
185.97
360.04
24
182.55
199.83
158
160.44
ROBBIE
RD.
CIR
206.15
17
10
11
15
14
20
9
5.58 AC.
2-15 ESMT.
8
249.9
712.16
231
420±
93
94
4.61 AC.
92
96
4.34 AC.
182.55
214.47
201.05
201
397.34
396.24±
396.24±
97 1.82 AC
CIA
HISTORIC PROP 1.88 AC
405.01±
SHOPTON RD
#7135
765.63±
NC
STEELE
500±
385.23±
CHARLOTTE
26
18
2 AC. 91
330.16
330
4.004 AC.
1285± (1339.24)
972.36
417.96
263.9
5242
19
1.2 AC
M
N
S
1 AC
224
200
528
6
4.53 AC.
33
244.97
30
272.74
29
341.45
28
347.34
27
303.05
218.92
207.65
259.63
214.50
755.17
112
RW
98
31.38/6 AC.
500.25
500.3
492.23±
500±
5.68 AC.
99
500.24±
500±
SNOW RIDGE LN
1029.60±
590±
510±
3
7 AC
CHURCH
973.56±
2.089
2.09
449

Pd 150 cpt 3/18/96 gc

CERTIFICATE OF COMPLETION/OPERATION PERMIT

DKG

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3535 B DATE: 3-15-96

TC: 141-111-40 L X CRT

SERIAL Nº 16611

Name of Owner Paul M. Ecvin Juris.:

Address of Property 9023 Snow Ridge Lane

Inspection Data:

Tank Material RCC

Total Length of Drainfield 300

Number of Lines 4 @ 75'

Cover Depth 12"

Water Supply Source priv. well

Distance to Water Source 100'

Excavation Inspected 3-15

Tank(s) Inspected 3-15

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design 1996, 1500ST, CON, 900SF, T, Cecil-like CTR# 82

The undersigned has inspected the Septic Tank System described above, and certifies it has been

X installed or constructed ___ altered or repaired

X in accordance with the permit issued ___ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

___ Certificate of Completion X Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type IIIg IWWS 93.2 for a 3 bedroom residence (4) 3'W x 75'L x 24" deep

Larry B. Thompson, Jr., R.S.
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

3535B

4/6/95 $150.00
CK#6125

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: ERVIN (last) M. PAUL (first) (mi)

ADDRESS: 4444 DARWENTRY CT. PHONE: (704) 364-4245

CITY: CH. STATE: NC ZIPCODE: 28226

Date:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi) 343-1900

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 14-111-40

STREET ADDRESS: 9023 SNOW RIDGE LN

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☐ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

LOT NUMBER: 40 LOT SIZE (in acres):

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 6 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (M)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 6 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):

☐ SINGLE MOBILE HOME (S) ☒ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:

Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):

☐ Community (C) ☐ Shared Well (S)
☒ Municipal (M) ☐ Other 'spring' (O)
☐ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):

☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: [signature] Date: 4/6/95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules for Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...Approved for 3-bedroom system based on Jim Whitaker's plan.

☒ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☐ ADDITION/REMOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

[signature] Joni Higgins Burney R.S. 8/15/95
Environmentalist Date

Director or Authorized Section Head Date

WATER - 22 '91

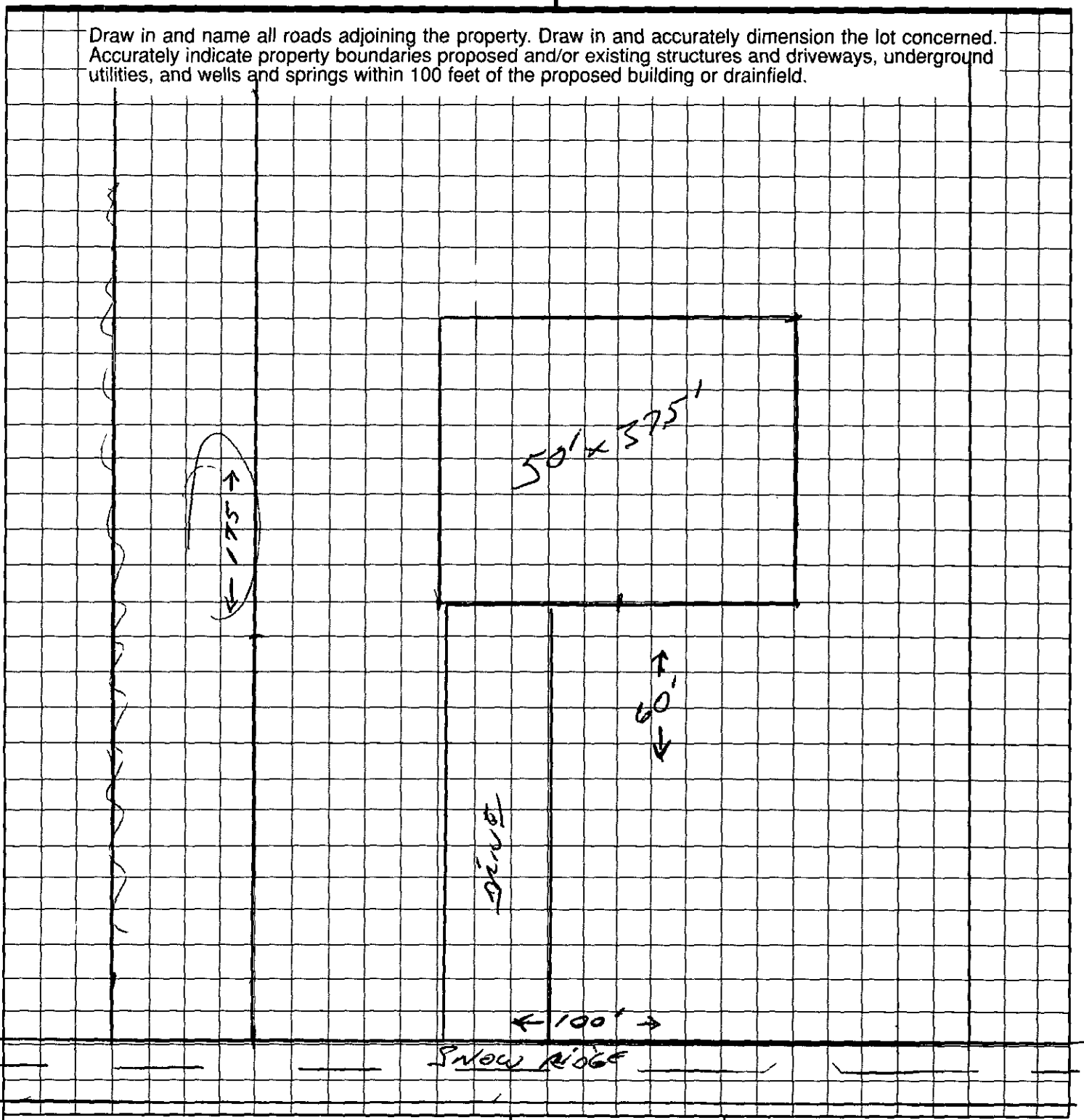
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3535B

TC: 141-111-40

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 8/15/95

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3535B DATE: 5/1/97

TC: 141-111-40 ☒C ☐ CRT

SERIAL Nº 17174

Name of Owner James + Debbie Toth Juris.: _____

Address of Property 9023 Snow Ridge Lane

Inspection Data:

Tank Material _____

Total Length of Drainfield _____

Number of Lines 3 @ 40

Cover Depth 2'

Water Supply Source well

Distance to Water Source over 100'

Excavation Inspected 5/1/97

Tank(s) Inspected 5/1/97

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design NEW TEE (2 TEES), 460 SQFT, 30"G, CECU-LIKE CTR# Gary Bradley

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: System installed 3-15-96 — Toilets repaired, Gutter drains installed.

Lori Higgins Bussey, R.S.
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

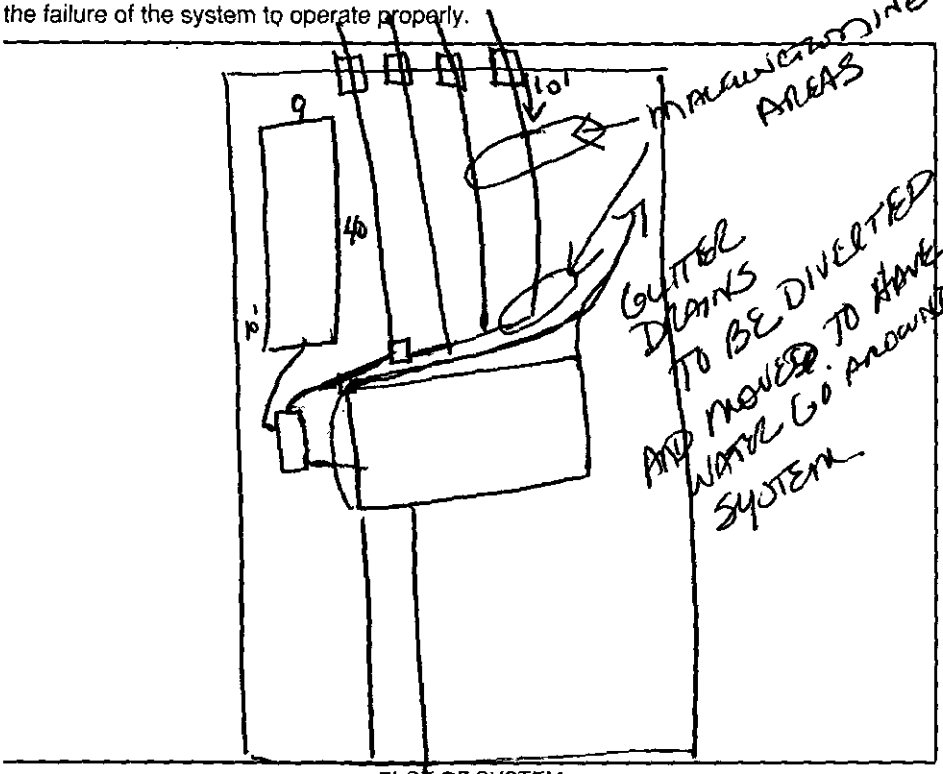
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3535B DATE: 3/15/97

TC: 141-111-40

SERIAL Nº 17250

Permission is hereby given to _____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated _____. All work shall be completed on or before _____, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Snow Ridge Lane

Liquid Capacity of Septic Tank _____ gallons

Liquid Capacity of Dosing Tank NEW TEE gallons

Tank Construction _____

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width 9 feet

Trench Walls Scored and Porous yes

Total Line Length 40 feet

Number of Lines 2'

Depth of Stone 30" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well ∠50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER JAMES + DEBBIE TOTH

LOCATION OF PROPERTY 9023 Snow Ridge Lane

Comments: (1) DIVERT ALL SURFACE WATER AWAY FROM HOUSE.
(2) DISCONNECT AND REPACK OLD LINES AT END OF ~~DRIVEWAY~~ PROPERTY LINE AT 10' OFF PROPERTY LINE.
(3) OVERFLOW TEE AT ~~D BOX~~ TANK FOR NEW BED TO RECEIVE MORE EFFLUENT FIRST.

Melissa Bunn, R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

Permit Number: 3535B

Tax Number: 141-111-40

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	___ No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)
___ Serviced by private well	___ Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions:	(1) Toilet leaks to be repaired. (2) Divert all surface water off drainfield (3) Developer adjusted lot lines after IP was issued w/out any acknowledgment to Health Dept.		
Repair Area System Type Type (circle one): I II (III) IV V VI	✓ Conventional Bed ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1
460 Absorption Area (Sq ft) 120 Total Trench Length (Ft)	30" Depth of Stone Trench	~~Trench spacing~~ 9' (min. on centers)	4' Maximum Trench Depth
For existing system, enter the year originally installed: 1996			

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws and Rules For Sewage, Treatment and Disposal in effec at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair Approval is granted by this Department
- This Improvement permit is transferable.

Joni Nizzio Burney, R.S.
DEHNR Authorized Agent — Date

Gary M Bradley
Owner/Agent Signature — Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

IWWS 100195

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE** BCT

DATE: _____ PERMIT NO: 3535B

PARCEL NO: 141-111-40

JOB LOCATION ADDRESS: 9023 Snow Ridge Lane

PROPERTY OWNER: Debbie & Tom Toth

BUILDING CONTRACTOR: _____

SUBDIVISION NAME: Winterglen

AUTHORIZATION ISSUED BY: Joan Higgins Bunny DATE: 3/15/97

DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 3535B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Installation for Repair is required.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Gary M Bradley

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

"FINAL NOTICE"

mailing date _____ initials _____

N. C. Department of Environment, Health, and Natural Resources/Division of Environmental Health

ON-SITE WASTEWATER VIOLATION NOTICE

OWNER JAMES A. & DEBBIE TOTH MAILING ADDRESS 9023 SNOW RIDGE LANE

OCCUPANT _____ LOCATION CHARLOTTE, NC 28217

[X] RESIDENCE [ ] BUSINESS [ ] OTHER _____

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Health Services or Article 11 of Chapter 130A of the General Statutes of North Carolina by owning or controlling a residence, place of business, or place of public assembly which is not provided with an approved wastewater system. Your wastewater system is not in compliance; the following corrections must be made. Consult your Local Health Department for advice and required permits by calling telephone number 704/336-5572.

[X] Install/Repair wastewater system. You must obtain an Improvement Permit from the local health department prior to repairing your system.

[ ] Other Repairs (*specify*) _____

[ ] Eliminate wastewater discharge and connect to an approved wastewater system.

[ ] Perform Maintenance (*specify*) _____

[ ] Pit Privy must be repaired/constructed.

If the wastewater violation is not brought into compliance by MARCH 20, 1997, appropriate legal action will be taken.

Notice Issued February 20,1997 (Date) Signed Toni Higgins Bunney, R.S. (Division of Environmental Health) Agent

Compliance _____ (Date) Signed _____ (Division of Environmental Health) Agent

DEHNR 1108 (Revised 9/92)
On-Site Wastewater Section (Review 10/94)

STEELE CREEK ROAD
(N.C. HIGHWAY 160)
(60' PUBLIC R/W)

NO. 8012

NO. 9001
LOT C
NET AREA: 20,996 SQ.FT.
OR 0.482 ACRE

NO. 9005
LOT D
NET AREA: 16,789 SQ.FT.
OR 0.382 ACRE

NO. 9009
LOT E
NET AREA: 16,640 SQ.FT.
OR 0.382 ACRE

NO. 9017
LOT G
NET AREA: 18,861 SQ.FT.
OR 0.433 ACRE

NO. 8024
LOT B
NET AREA: 25,118 SQ.FT.
OR 0.564 ACRE

NO. 8036
LOT A
NET AREA: 24,110 S.FT.
OR 0.554 ACRE

NO. 9013
LOT F
NET AREA: 39,640 SQ.FT.
OR 0.869 ACRE

NO. 9021
LOT H
NET AREA: 41,975 SQ.FT.
OR 0.921 ACRE

AREA TO BE DEDICATED TO N.C.D.O.T.
R/W AREA: 10,280 SQ.FT.
OR 0.236 ACRE

DUKE POWER COMPANY
3126-207

OUT PARC
LOT 6
(M.B. 26, PG.

LOT N
NET AREA: 59,242 SQ.FT.
OR 1.360 ACRE
NO. 9129

LOT M
NET AREA: 81,401 SQ.FT.
OR 1.785 ACRE
NO. 9123

LOT O
NET AREA: 45,869 SQ.FT.
OR 1.052 ACRE
NO. 9133

LOT 2
WINTERGLEN, PHASE 1
(M.B. 23, PG 223)

LOT L
NET AREA: 66,822 SQ.FT.
OR 1.465 ACRE
NO. 9117

WINTERGLEN, INC
5369-135

LOT 1
WINTERGLEN, PHASE 1
(M.B. 23, PG 223)

LOT J
NET AREA: 14,462 SQ.FT.
OR 0.332 ACRE
NO. 9103

LOT K
NET AREA: 16,074 SQ.FT.
OR 0.369 ACRE
NO. 9111

30' PUBLIC STORM DRAINAGE EASEMENT (15' ON EACH SIDE OF THE CREEK)

POINT NOT ACCESSIBLE FOR CREEK

N 65° 1' 0" W 179.44'

N 24° 59' 0" E 170.00'

N 24° 59' 00" E 40.00'

N 24° 59' 00" E 75.00'

N 24° 59' 00" E 16.63'

N 27° 38' 0" W 115.70'

N 23° 45' 0" W 19.00'

N 34° 30' 0" W 56.00'

N 36° 27' 00" E 29.00'

N 33° 27' 00" E 26.00'

N 2° 23' 00" E 21.17'

N 41° 10' 0" W 19.00'

N 1° 24' 26" W 178.32'

N 14° 36' 12" E 162.39'

N 32° 22' 54" E 161.07'

N 9° 45' 10" E 327.11'

N 18° 2' 31" E 157.92'

N 4° 57' 12" E 161.68'

N 87° 12' 57" W 99.20'

N 87° 19' 27" W 80.18'

S 74° 44' 37" W 69.69'

384.04'

85.00'

94.44'

75.00'

LEGEND
E.I.P.
N.I.P.
R/W
N.C.G.

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Signed
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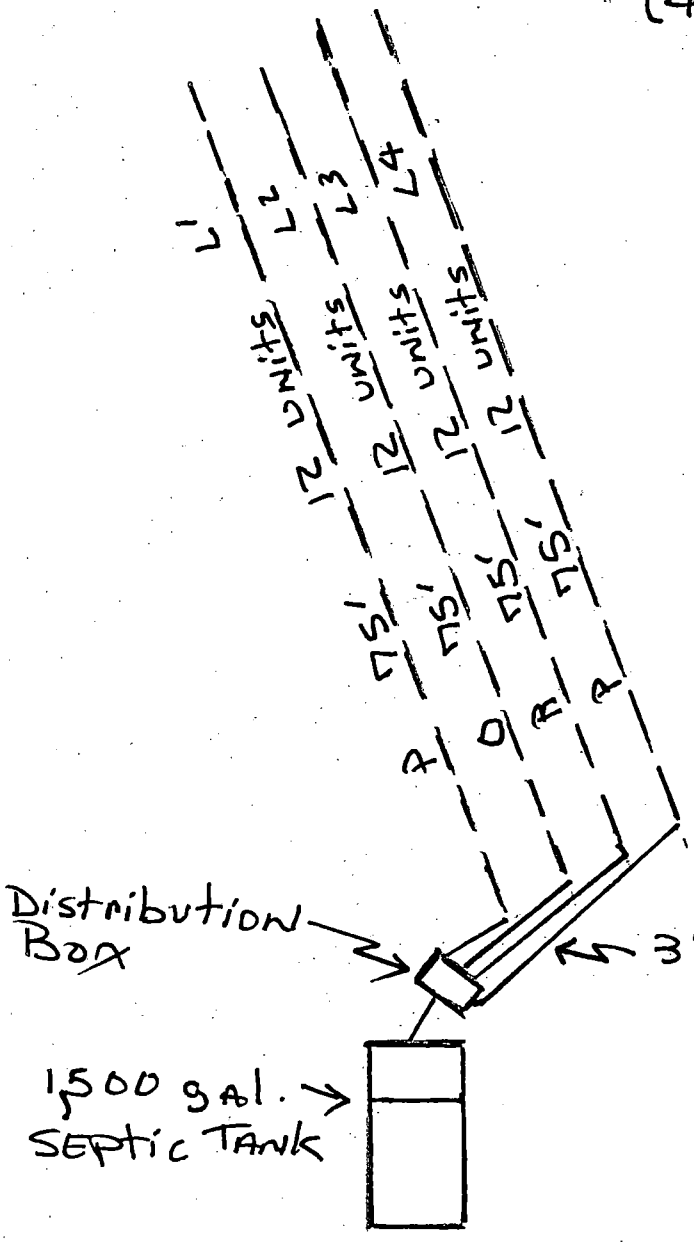
State of
County o
I, a noto

MCHD

File: 3535-B
TC: 141-111-40
Lot 40

SPEC: (3) Bedrm. Gravity Infiltrator

(1) 1,500 gal. Septic Tank
(1) D-Box
(4) 75' Lines
(12) Units per Line
(48) Units Total 300'



.OSCAL

3-15-97

...WATER AND WASTEWATER
SYSTEMS PROGRAM
...ATION FOR IMPROVEMENT PERMIT
FOR COMMERCIAL/INDUSTRIAL SITE

FEE RECEIPT

...JOB ___ NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
...PARTMENT OF ENVIRONMENT,
...TH, AND NATURAL RESOURCES
...SION OF ENVIRONMENTAL HEALTH
ON SITE WASTEWATER SECTION

FEES 35358

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

...PARCEL ID NUMBER: 141 114 40

STREET ADDRESS: 9003 Snow Ridge Ln.

___ INDUSTRIAL

...BUSINESS:

LOT NUMBER:

...TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

...IN THIS FACILITY:

...OTHER (PLEASE DESCRIBE):

...WATER:
INDUSTRIAL PROCESS
WASTE WATER

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

...OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

...SOURCE (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) X PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

...THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

...ATIONS, SINKHOLES ___ YES ___ NO
...WATER SYSTEMS ___ YES ___ NO
...OR RIGHT-OF-WAYS ___ YES ___ NO
WELLS, SPRINGS OR WATERLINES ___ YES ___ NO
DISTURBED WETLANDS ___ YES ___ NO

...PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS ...DURING THE APPLICATION STAGE.

...OWNER:
Mr. & Mrs. Derrick K. James
(FIRST) (MI)
9003 Snow Ridge Lane
...STATE: NC ZIP: 28078
...01339-0100

...AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME:
(LAST) (FIRST) (MI)
DAYTIME PHONE: ( )

...THE PROPERTY ORIGINALLY PLATTED AND RECORDED

...OWNER, OR LEGAL AGENT FOR THE OWNER OF THE PROPERTY DESCRIBED ABOVE, AS IT IS SO LOCATED, HAS ...APPLICATION, ACKNOWLEDGES THAT THE CONTENTS OF SAME ARE TRUE, AND AUTHORIZES AGENTS OF THE ...HEALTH DEPARTMENT TO ENTER UPON THE PROPERTY FOR THE PURPOSE OF PROCESSING THIS REQUEST.

DATE: 3-15-97

...CHARLOTTE-MECKLENBURG HEALTH DEPARTMENT
...ENVIRONMENTAL HEALTH DIVISION